Collin County Clerk 200 S McDonald, Annex A #120 McKinney, Texas 75069

Website: http://www.co.collin.tx.us Phone (972) 548-4134 Metro (972) 424-1460 x4134



BIRTH AND DEATH CERTIFICATES

Application for a Certified Copy of Birth Certificate

Only a Qualified Applicant may obtain a copy of a birth certificate.

- 1. The registrant. The person named in the record.
- 2. The parent, child, brother, sister, spouse, grandparent, legal guardian or managing conservator of the registrant.
- 3. Legal representative, agent or other person acting under contract for the registrant. Must provide a letter of permission and a copy of identification from the registrant.

An applicant must provide all necessary information and show proper identification prior to obtaining the certificate.

Any Texas Birth certificate may be purchased in Collin County. This office uses a remote access system to the State's records dating at this time from 1926 to the present. However, births are not usually available in the County Clerks Office on the computer system for approximately 3 weeks after the date of birth.

Application for a Certified Copy of Death Certificate

Only a Qualified Applicant may obtain a copy of a death certificate.

- 1. The parent, child, brother, sister, spouse, grandparent, legal guardian or managing conservator of the registrant.
- 2. Legal representative, agent or other person acting under contract for the registrant. Must provide a letter of permission and a copy of identification from the registrant.

An applicant must provide all necessary information and show proper identification prior to obtaining the certificate.

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APPLICATION FOR CERTIFIED COPY OF **BIRTH OR DEATH CERTIFICATE**

Certified Copy (Full Size) \$11.00 Each	BIRTH		DEATH	CTED	
Certified Copy (Wallet Size) \$11.00 Each\$3.00 for each additional copy ordered at this time Full name on record: First	NUMBER REQUESTED Certified Copy (Ful	1 Size) \$11 00 Fach			
Full name on record: First Middle Last			\$3.00 f	or each additional copy	ordered at this time
Date of Birth or Death: County of Birth or Death: First Middle Last Mother's Name: First Middle Last Mother's Name: First Middle Last(maiden) Applicant's Name: Daytime Phone Number: Email Address: Street City State Zip Relationship to person named on certificate: Please check all that apply. Driver License Housing Insurance Passport Records Social Security Travel Veterans Welfare School Other: If other, please specify: NOTICE: Providing false information on this application is a violation of the law and may lead to fine or imprisonment, or both. The person to whom any certified copy of Birth or Death Record is issued must be a properly qualified applicant. The applicant must have a direct and tangible interest in the record and further, should have a significant legal relationship to the person whose record is requested. The purpose for which the certified copy is needed and the relationship of the applicant to the registrant is essential to determination as to whether or not the person making the request is a properly qualified applicant. (Health and Safety Code, Chapter 678, Sec. 196.003) Signature of Applicant Date Difference ReQUEST WILL NOT BE PROCESSED WITHOUT ID. INFORMATION				17	
Father's Name: First Middle Last	First	Middle	;	Last	
Father's Name: First Middle Last	Date of Birth or Death:		County of Birth or De	eath:	
Mother's Name: First Middle Last(maiden)					
Applicant's Name:	First	Middle	;	Last	
Applicant's Name:	Mother's Name:				
Daytime Phone Number:				` ´	
Applicant's Mailing Address: Street City State Zip	Applicant's Name:				
Relationship to person named on certificate: Purpose for obtaining copy of certificate: Please check all that apply. Driver License Housing Insurance Passport Records Social Security Travel Veterans Welfare School Other: If other, please specify: NOTICE: Providing false information on this application is a violation of the law and may lead to fine or imprisonment, or both. The person to whom any certified copy of Birth or Death Record is issued must be a properly qualified applicant. The applicant must have a direct and tangible interest in the record and further, should have a significant legal relationship to the person whose record is requested. The purpose for which the certified copy is needed and the relationship of the applicant to the registrant is essential to determination as to whether or not the person making the request is a properly qualified applicant. (Health and Safety Code, Chapter 678, Sec. 196.003) Signature of Applicant Date ID#	Daytime Phone Number:		Email Address:		
Relationship to person named on certificate: Purpose for obtaining copy of certificate: Please check all that apply. Driver License Housing Insurance Passport Records Social Security Travel Veterans Welfare School Other: If other, please specify: NOTICE: Providing false information on this application is a violation of the law and may lead to fine or imprisonment, or both. The person to whom any certified copy of Birth or Death Record is issued must be a properly qualified applicant. The applicant must have a direct and tangible interest in the record and further, should have a significant legal relationship to the person whose record is requested. The purpose for which the certified copy is needed and the relationship of the applicant to the registrant is essential to determination as to whether or not the person making the request is a properly qualified applicant. (Health and Safety Code, Chapter 678, Sec. 196.003) Signature of Applicant Date ID#	Applicant's Mailing Addre	SS:			
Purpose for obtaining copy of certificate: Please check all that apply.		Street	City	State	Zip
Purpose for obtaining copy of certificate: Please check all that apply. Driver License Housing Insurance Passport Records Social Security Travel Veterans Welfare School Other: If other, please specify: NOTICE: Providing false information on this application is a violation of the law and may lead to fine or imprisonment, or both. The person to whom any certified copy of Birth or Death Record is issued must be a properly qualified applicant. The applicant must have a direct and tangible interest in the record and further, should have a significant legal relationship to the person whose record is requested. The purpose for which the certified copy is needed and the relationship of the applicant to the registrant is essential to determination as to whether or not the person making the request is a properly qualified applicant. (Health and Safety Code, Chapter 678, Sec. 196.003) Signature of Applicant Ditter Divier's license, passport, ID, Etc.) REQUEST WILL NOT BE PROCESSED WITHOUT ID. INFORMATION OFFICE USE ONLY Volume Page Check Cash Money Order	Relationship to person nam	ed on certificate:			
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